

**ORDER**

**Orders**  
**Order / Rev:** 255955  
**Alt Order #:**  
**Product Desc:** 60 Spots  
**Estimate:**  
**Flight Dates:** 09/26/16 - 10/09/16  
**Original Date / Rev:** 09/27/16 / 09/27/16  
**Order Type:** GENERAL

**KDZR-AM**

**Primary AE:** Kathleen Bensi  
**Sales Office:** SMR  
**Sales Region:** SMR

**Agency**  
**Name:** SMR  
**Buying Contact:**  
**Billing Contact:** Yolanda Roberts  
 6400 N. Beltline Road, Suite 210  
 Irving, TX 75063

**Billing Type:** Cash  
**Billing Calendar:** Broadcast  
**Billing Cycle:** EOM/EOC  
**Agency Commission:** 15%

**Advertiser**  
**Name:** Tax on Sales  
**Demographic:** HH  
**Product Codes:** Financial Planning / Investment Advice  
**Priority:** P-04  
**Revenue Codes:** AGY, SPT, SPT

**New Business Thru:**  
**Order Separation:** 00:30:00  
**Advertiser External ID:**  
**Agency External ID:**  
**Unit Code:** General

**Bill Plan**

Start Date	End Date	# Spots	Gross Amount	Net Amount
09/26/16	10/03/16	12	\$360.00	\$306.00

**Totals**

Month	# Spots	Gross Amount	Net Amount	Rating
October 2016	12	\$360.00	\$306.00	0.00
<b>Totals</b>	<b>12</b>	<b>\$360.00</b>	<b>\$306.00</b>	<b>0.00</b>

**Account Executives**

Account Executive	Sales Office	Sales Region	Start Date / End Date	Order %
Kathleen Bensi			Start Of Order - End Of Order	100%

Ln	Ch	Start	End	Inventory Code	Break	Start/End Time	Days	Len	Spots	Rate	Pri	Rtg	Type	Spots	Amount
E 1	KDZR	09/26/16	10/09/16	Sign-On/Sign-Off M-SU 12a-12a	CM	6:00 AM-7:00 PM (6:00 AM-7:00 PM)	5-55555	1:00	30	\$30.00	P-04	0.00	NM	12	\$360.00
		<u>Start Date</u>	<u>End Date</u>	<u>Weekdays</u>		<u>Spots/Week</u>				<u>Rate</u>		<u>Rating</u>			
	Week:	09/26/16	10/02/16	--333--		9				\$30.00		0.00			
	Week:	10/03/16	10/09/16	3-----		3				\$30.00		0.00			
Totals														12	\$360.00

KD  
12



6400 N Beltline Road • Suite 210, Irving, TX 75063

Salem Radio Network  
6400 N Beltline Rd  
Suite 210  
Irving, TX 75063

## Insertion Contract

Advertiser Tax on Sales	Product USA Media	Order # 7729005	Ver # 1	Rev #	# Wks 2	Page # 1
Salesperson Kathleen Bensi	Salesperson Phone # (614)899-6800	Date 9/27/16	Time 2:14PM	Start 9/26/16	End 10/9/16	
Sales Office SMR	Agency Odyssey Marketing	Demos				
		Survey				

Product Protection: \*Financial Services

Line #	Vehicle	M	T	W	T	F	S	S	Sep 26	Oct 3	Oct 10	Oct 17	Oct 24	Oct 31	Nov 7	Nov 14	Nov 21	Nov 28	Dec 5	Dec 12	Dec 19	Total Units	Len	Unit Rate	Extended Total
3	KDZR-AM	0	1	0	3	3	0	0	9													9	60	30.00	270
4	KDZR-AM	3	1	0	0	0	0	0		3												3	60	30.00	90
	Totals								9	3												12			
Weekly Units		9 3 0																							12
Weekly Gross \$		270 90 0																							360

Air Time Total Gross:	\$ 360.00	Agency Commission:	\$ 54.00	Total Net:	\$ 306.00
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SMR'S APPLICABLE COMMISSION WILL BE DEDUCTED FROM THE TOTAL NET AMOUNT  
Order is Broadcast Calendar Billing. Please fax signed insertion to 972-367-1928  
With approval of salesperson, make goods within flight only.  
All orders require affidavits showing date and time spots aired, isci code, po# and/or estimate number.

Accepted for Salem Radio Network:

Accepted for Producer or Station:

Name

Title

Name

Title

9/27/16

4

## AGREEMENT FORM FOR NON-CANDIDATE/ISSUE ADVERTISEMENTS

<b>Station and Location:</b> KP DQ - AM / KORZ - AM Portland	<b>Date:</b> 1/16
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I, CHIP MILLER

do hereby request station time concerning the following issue:

OREGON - No on 97

Broadcast Length	Time of Day, Rotation or Package	Days	Class	Times per Week	Number of Weeks
:60					1

**Total Charges:**

This broadcast time will be used by: No on 97

**Does the programming (in whole or in part) communicate "a message relating to any political matter of national importance?"**

☐ Yes
 ☒ No



For programming that "communicates a message relating to any political matter of national importance," list the name of the legally qualified candidate(s) the programming refers to, the office(s) being sought and the date(s) of the election(s) (if applicable):

N/A

For programming that "communicates a message relating to any political matter of national importance," attach Agreed Upon Schedule (Page 3)

I represent that the payment for the above described broadcast time has been furnished by:

~~STATE NET~~ STATE NET / TMN

and you are authorized to announce the time as paid for by such person or entity. The entity furnishing the payment, if other than an individual person, is:

☒ a corporation; ☐ a committee; ☐ an association; ☐ or other unincorporated group.

The names, offices, and addresses of the chief executive officers, directors, and/or authorized agents of the entity are named below (may be attached separately):

**THIS STATION DOES NOT DISCRIMINATE OR PERMIT DISCRIMINATION ON THE BASIS OF RACE OR ETHNICITY IN THE PLACEMENT OF ADVERTISING.**

I agree to indemnify and hold harmless the station for any damages or liability, including reasonable attorney's fees, that may ensue from the broadcast of the above-requested advertisement(s). For the above-stated broadcast(s), I also agree to prepare a script, transcript, or tape, which will be delivered to the station at least 1 DAY before the time of the scheduled broadcasts.

**TO BE SIGNED BY ISSUE ADVERTISER**

1/16 Chris Miller 901-692-3116  
Date Signature Contact Phone Number

**TO BE SIGNED BY STATION REPRESENTATIVE**

☐ Accepted ☐ Accepted in Part ☐ Rejected

\_\_\_\_\_  
Signature Printed Name Title